

Texas

PHN

MAY 2000

VOL. I No. 2

Celebrating Public Health Nursing-- A Texas Treasure

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Conference, Tyler*

*Leadership 2001 - New
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Nursing Leadership Council

PHNs on the Front Lines



*Photo by Kate Bimler, courtesy of
Robin Todd, TDH Immunization Division*

Texas PHN

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Guidelines for Submitting Articles and Letters to the Editor: We welcome letters, articles and other current sources of information for *Texas PHN*. Submissions will be printed based upon content, relevance to public health nursing, and availability of space. You must include the writer's name, address and daytime phone number. You may request in writing whether you wish your name to be printed with your letters to the editor.

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Inside Focus

From the Director of Public Health Nursing...

It is a tremendous pleasure to dedicate this issue to public health nurses throughout Texas and the nation as we celebrate Nurses Week 2000, May 6-12. As we reflect on our chosen profession, we celebrate our past, our present and our future. We inherit a fascinating, often turbulent legacy shaped by such distinguished nurses as Florence Nightingale, whose birthday marks the finale of Nurses Week. Florence Nightingale, Mary Seacole, Clara Barton and Dorothea Lynde Dix are only part of a long list of nurses to whom we owe a debt of gratitude for defining the profession as we know it.

Nurses have been instrumental in determining the priorities for public health in the 20th Century. Following in the footsteps of Florence Nightingale as well as many other visionaries, we have dedicated our careers to advocating for such imperatives as clean air, clean water, public sanitation, disease surveillance, and above all, a holistic approach to the care of individuals, families and communities. Caring, ethics, science and the nursing process are the hallmarks of the nursing profession, whatever our specialty.

Yet nursing, as a living, breathing profession, is evolving in ways we can only begin to imagine. Like our predecessors, we face critical challenges at the dawn of our future – challenges we must tackle today. Even as we celebrate our accomplishments, we lay plans for addressing the health needs of a changing populous using new language, emerging values and cutting-edge technologies.

So, how do meet these challenges? First, we must build on our strengths using the tools we have at hand: Celebrating our successes while learning from our failures; partnering with experts and colleagues within our field and from other disciplines; measuring our outcomes and communicating them; and dedicating ourselves to increasing the depth and breadth of our knowledge and skills through a lifelong learning process and a forward-thinking attitude.

In this issue of *Texas PHN*, we feature some of these tools. Hilda Mikan reframes quality assurance as an ethical strategy for self-evaluation nurses can use to measure organizational outcomes. Likewise, Debra Edwards elaborates on the process for designing outcome-oriented, continuing nursing education programs. We share some inspiring highlights from the Nursing Leadership 2000 Conference in Tyler, March 1-3, including the keynote address by Beth Mazzella and the inaugural winners of the Public Health Nursing Leadership Awards. And we feature the extraordinary actions of *PHNs on the Front Lines*.

We urge you to stake your claim on the future of public health nursing. Looking toward 2001 in Lubbock, the conference agenda will build upon the theme *Staking Our Claim: Expanding Territories for Public Health Nursing*. The key to expanding our territories lies in our partnerships with visionary leaders from Texas and beyond. We challenge you to start planning now to join us in Lubbock. Together we will listen, learn and partner with each other in unprecedented ways as we forge ahead toward a dynamic future.



Leslie Mansolo, RN, MSN, CNS

NURSES WEEK 2000:

From the Texas Commissioner of Health


National Nurses Week is an appropriate time to reflect on the accomplishments of public health nurses toward improving the health of all Texans. Public health nurses form the largest single group of public health professionals across the nation. In their role on the front lines of public health, nurses are dedicated to collaborating with their communities and colleagues to positively impact health outcomes. Whether they provide direct clinical care, population-based services or a combination of each, public health nurses exemplify the American Nurses Association theme for National Nurses Week, "Keeping the Care in Healthcare."

There are many noteworthy achievements by public health nurses across Texas. I would like to acknowledge some of these. The Annual Nursing Leadership Conference, which has been held in Austin every year since its inception, embarked on a Tour of Texas starting March 1-3, 2000 in Tyler. The conference attracted a record number of attendees from Texas, as well as five other states. I applaud this effort to bring people together to build relationships.

Because of the Texas Department of Health (TDH) Public Health Nursing Section's recent accreditation as a provider of continuing education in nursing by the American Nurses Credentialing Center's Commission on Accreditation, many nurses now have the opportunity to stay abreast of the latest public health practices and address such issues as health disparities. Continuing education is a vital tool for public health nurses, given the continuously evolving science and art of public health practice. This is an effective strategy for improving the health status of all Texans in collaboration with colleagues from other public health disciplines.

Most recently, in the aftermath of the tornadoes in Fort Worth and Arlington, nurses from the City of Fort Worth and Tarrant County and the surrounding area rose to the challenge of responding to the disaster through outreach, immunization, and relocation of citizens displaced from their homes. For these heroic efforts, I join hundreds of area residents in thanking you.

Finally, I congratulate the TDH Public Health Nursing Section and the nurses who participated in the development of the Texas PHN. This publication is a great communication tool that is highly relevant to the health of Texans. I look forward to learning more about the valuable work of public health nurses throughout Texas in this and future issues.



William R. Archer III, MD
Texas Commissioner of Health

Celebrating Public Health Nursing

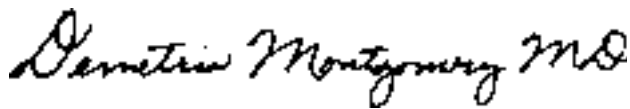
From the Associate Commissioner for Community Dynamics & Prevention Strategies

I am truly honored to celebrate public health nursing with you in recognition of National Nurses Week. Public health draws from an amalgam of experts and generalists who, like anthropologists, both study and are inextricably part of the behavioral, cultural, environmental, economic and technological context for health in our society. This collective expertise provides many of the tools communities can use to solve public health problems. Since health and disease permeate geopolitical borders, solutions demand ongoing collaboration between communities and professionals from diverse cultural, ethnic, racial and national backgrounds.

Nurses stand among the most compelling of public health professionals. Versed in the arts and sciences of health care, the nursing approach blends caring with science, and innovation with assurance. Consistently on the front lines of public health, nurses have earned a public trust grounded in decades, if not centuries, of commitment to the role of advocate, scientist, change agent, and health partner to individuals, families and communities.

As advances in technology and transportation shrink the boundaries between diverse cultures, we will begin to view each other and our resources in new ways based on an international concept of community. Nurses remain in a unique position to lead the way toward this new world view.

Although we celebrate National Nurses Week only once a year, please know the public and your colleagues value your contribution year-round, not only for Texans but for all people whose lives are enriched by public health nurses.



Demetria Montgomery, M.D.
Associate Commissioner
Associateship for Community Dynamics & Prevention Strategies

Tour of Texas Forges Partnerships

Slightly over a year ago the Nursing Leadership Conference planning team decided to try something radical. What would happen if a conference that was traditionally held in Austin was taken around the state - on a Tour of Texas?

In March 2000, we found out. *Cultivating Communities: Nurturing the Seeds of Leadership* opened to a packed audience and the momentum never slowed. Nursing Leadership 2000 broke all past attendance records with over 240 registered attendees, speakers, students and special guests who came together to make the conference a success. Participants from Arkansas, Louisiana, New Mexico, and Oklahoma joined their colleagues from Texas to represent U.S. Health & Human Services Region VI. We were honored to be joined by ten nurses from Mississippi, our largest out-of-state contingent. Together all participants benefitted from the diverse perspectives of public health nurses from across Texas and beyond.

Beth Mazzella Addresses PHNs

The keynote address by Assistant Surgeon General Carolyn Beth Mazzella set an exciting tone for the conference as she reviewed the dramatic advances in health and life expectancy during the 20th Century. In part, she credited infrastructure developments in environmental health, sanitation, safety, and disease surveillance. However, said Mazzella, “perhaps the

most important factor, unnamed and unheralded yet totally critical in these accomplishments, is the health care worker — most notably the public health nurse.” As a profession, we need call upon the multidimensional capabilities of public health nursing. We can learn much from our nursing forerunners, Florence Nightingale, Dorothea Lynde Dix and Clara Barton on the importance of focusing on our purpose, capitalizing on our strengths, delegating, and remembering that in order to change, we must learn to let go.

Six Global Challenges based on the Surgeon General’s Health Priorities should guide our actions in meeting our future: Cost and financing, “health” rather than delivery, universal access, diverse cultural values, workforce trends, and the transition from individual to community decision-making in policy. To meet these challenges, we must first embrace the future in an open, non-judgmental way, remembering the “Habits of the Heart.” She closed by saying, “We are not maintained by the rules and institutions, but by the values and the attitudes that abide in us and that we pass along in our daily example.”

If you missed the conference, you can now log on to the Public Health Nursing website at <http://tdh.state.tx.us/coph/phn.htm> to view this year’s participant handbook and select speaker notes. ♡PHN



Habits of the Heart

— Excerpted from the keynote address by Beth Mazzella

- Courage
- Commitment
- Purpose/Direction
- Professionalism

- Ambition
- Altruism
- Learning
- Mentorship

- Nurturing
- Empowering
- Tenacious
- Adventuresome

- Perseverant
- Nonjudgmental
- Loyal
- Tolerant

Next Stop--Lubbock

Staking Our Claim on the High Plains of Texas

In 1540, Spanish explorer Captain Francisco de Coronado rode onto the Texas high plains in search of the seven cities of gold. Awed by the vast open spaces, the Spanish named the land the Llano Estacado, Spanish for staked plains.

In Spring 2001, another group of explorers will contemplate the vast beauty of the staked plains. Public health nurses from across the United States will converge on Lubbock, Texas to take part in *Staking Our Claim: Expanding Territories of Public Health Nursing - Nursing Leadership Conference 2001*. Against the historic and rugged backdrop of Lubbock's high plains, public health nursing leaders will explore innovative strategies for community, professional and personal development in their quest for ways to improve health status and reduce disparities.

Nearly halfway between Albuquerque and Dallas, Lubbock sits near the eastern edge of the Llano Estacado. Once the haven of buffalo, antelope, lobo, prairie dogs and the coyote, the lands were transformed by westward expansion. With a population of approximately 200,000, Lubbock has emerged as the "Hub of the Plains," a leader in agribusiness and research, the emerging Texas wine industry and a higher education. Founded by the Texas legislature in 1923, Texas Tech University enrolls over 23,000 students in undergraduate and graduates programs. The 1,839 acre campus, one of the nation's largest, includes the Texas Tech University Health Sciences Center (TTUHSC).

In addition to academic and research programs in medicine, nursing and the allied health professions, TTUHSC has developed patient care and community services as part of



their ongoing health care commitment to the 108 counties of West Texas. With a population of 2.55 million dispersed over 131,000 square miles, much of the area remains underserved. Yet most graduates of the School of Nursing remain in West Texas to pursue their chosen profession. The Family Nurse Practitioner Program actively participates in educating and retaining nurse practitioners, with a strong community focus which won them the 2000 Nursing Leadership Essential Services Award.

Encompassed by Texas Public Health Region 1, the area serves as a leader in population-based interventions. A collaborative network of public health nurses at the state, regional and local level work tirelessly to assure efficient and effective public health solutions are found for the varied, largely rural population.

In the coming months, TDH Public Health Nursing Section will partner with nurse leaders in Region 1 nurse leaders to an exciting format for Nursing Leadership 2001. Watch future issues of *Texas PHN* for details as the time approaches, or visit the conference webpage at <http://www.tdh.state.tx.us/coph/phn.htm>.

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Awards Celebrate Outstanding Public Health Nurses

One of the highlights of Nursing Leadership 2000 was the presentation of the inaugural Nursing Leadership awards. The conference Keynote Banquet served as the backdrop for this forum which allowed public health nursing leaders, their projects, and community initiatives to shine in the spotlight with their peers. Award nominations were received from across US Health and Human Services Region VI. Awards were presented in the following categories: Outstanding PHN Leader of the Year, Educational Impact Award, Essential Services Award, Regional Leadership in Continuing Nursing Education, and Top 3 Conference Abstract.

Outstanding PHN Leader of the Year

"Dedicated, multi-faceted, and committed to the profession" were just a few of the phrases the judges used when discussing the qualities they found in Sister Mary Nicholas Vincelli, the 2000 Outstanding PHN Leader of the Year recipient. In addition to the nomination letter printed in its entirety on the next page, four other letters arrived in support of her nomination, each of which expressed the sentiments shared by many throughout Texas Public Health Region 11. Sister Mary Nicholas has made a significant impact through her service as Regional Director of Nursing as a front line public health nurse.

Educational Impact Award

"A forum for empowering public health professionals to collaboratively improve health outcomes in targeted minority populations," read the letter nominating two nurse planners for the Educational Impact Award for their work developing the curriculum for the 1999 Annual Minority Health Conference, "Reflecting on the Past and Shaping the Future of Minority Health." Taking the lead in planning the continuing nursing education component for this multidisciplinary conference, Debra Edwards, MS, RNC, ONC of the Texas Department of Health's Public Health Nursing Section in Austin, and Rosie Perez, RN of St. Joseph's Hospital in Houston played a key role in presenting a new challenge to conference participants. Not only were participants expected to walk away with the valuable information the conference has traditionally offered, they learned strategies for improving health outcomes by empowering populations and communities. Edwards and Perez succeeded in

tailoring these strategies to the unique role of public health nurses in examining and addressing health disparities among ethnically, culturally and racially diverse populations.

Regional Leadership in Continuing Education

The cornerstone to the effectiveness of the TDH PHN CE Service's accreditation as a provider of continuing education in nursing by the American Nurses Credentialing Center's (ANCC) Commission on Accreditation lies in the collaborative planning process that guides activity development. Two nurses, the Lead and Second RN Planners, have ultimate responsibility within the collaborative team for assuring that ANCC criteria for continuing education are met before awarding contact hours for any activity. As part of that role, the nurses work to assure meaningful, measurable objectives are developed to meet the needs of the RN learner. The 2000 Regional Leadership in Continuing Education Award recognized three RN planner teams for their dedication to these principles: Annette Sultemeier, MSN, RNCNA and Mike Hacker, RN of the Corpus Christi - Nueces County Public Health District; Algia Hickenbotham, MEd, RNC and Loretta King, RN of the Houston Department of Health and Human Services; and Linda Brown, MS, RN and Dorothy Kuhlmann, MS, RN, CPNP of the

Essential Services Award

The key to the successful delivery of population-based services lies in the implementation of the essential public health services in relation to the core functions of public health. The 2000 Essential Services Award recipient, the Texas Tech

Awards continued on page 14

Outstanding PHN Leader of the Year Nomination

Sister Mary Nicholas Vincelli has thirty-one years experience as a Nurse Executive in Public Health dealing with Core Public Health functions including Women and Children's health. She is cited in Who's Who of Women Executives and in American Nursing in the South and Southwest, and has also served as Governor Appointee of Immigration and Refugee Affairs.

She is currently the Director of Community Public Health at the Texas Department of Health, Region 11. In this position she oversees the implementation and management of field operations providing community health nursing including Maternity, Child Health, Family Planning and Communicable Disease, and participates in Quality Assurance site reviews. She also collaborates with Nursing School Faculty to coordinate and provide appropriate student clinical experience in public health.

In addition to the activities mentioned above, Sister Vincelli also serves on the Board of the Texas Perinatal Association (TPA). She serves as the TPA Regional program administrator and organizes Continuing Education Unit (CEU) activities and trainings as needed for the Region. She has successfully collaborated with TPA, Knapp Memorial Hospital and McAllen Regional Medical Center to provide the Annual Perinatal Workshop for the last four years. This Workshop provides valuable training and CEU's for an average of 125 nursing staff.

Sister Vincelli's leadership skills have been invaluable to the many committees and boards she has served on. She has been a board member of the Hidalgo County Health Care Corporation, the Lower Rio Grande Sub-Area Council of Health systems, the Ad Hoc Committee on Nursing, Texas Department of Health, the State of Texas Sudden Infant Death Advisory Committee, the Early Childhood Intervention Program, and the Rio Grande Valley Nursing Advisory Council, University of Texas. She is currently a board member of the Texas Perinatal Association, the Child Fatality Review Committee and the Migrant Medical Advisory Board.

Sister also belongs to many professional organizations. These organizations include the following: American Nurses Association, Texas Nurses Association, Texas Perinatal Association, and the Texas Public Health Association. She was awarded for her outstanding service in the Texas Public Health Association.

On Friday, May 21, 1999, Dr. Reyn Archer, Commissioner of Health, and Dr. Walter D. Wilkerson, Chairman of the Texas Board of Health, presented Sister Mary Nicholas with the "Moment of Truth Award" for her outstanding Community Customer Service in the aftermath of the Del Rio Flood. During the aftermath, she provided clinical services and supervised the operation of the Region's "Health on Wheels", which is a state-of-the-art mobile health unit.

In February 1999, Sister Vincelli also received the "Helping Hand Award" for her twenty-eight years of volunteer service with the Members of Interdenominational Churches in Minnesota, where she collected clothing and household items for people in need in the Rio Grande Valley. She arranged for different churches in Hidalgo County to solicit the help of parishioners to help unload and distribute to valley residents, 7000 pounds of clothing, toys, computers, sewing machines, dishes, pots and pans. Sister Vincelli suggested the volunteers form a non-profit corporation because it was costing them \$700.00 each round trip. This was done in 1998, and it is now called "Wee Care, We Share." Hundreds of teddy bears come each Christmas as well as other new toys for children.

Sister Vincelli is an advocate for improving the health of infants and children. She is a member of the Early Intervention Advisory Committee and served on the Board of Maternal Infant Health Improvement. She was instrumental in implementing the TDH Universal Hearing Detection Project in Region 11, which distributed ten hearing screening units to targeted birthing hospitals in Texas. The two hospitals selected in Region 11 were Valley Baptist Medical Center in Harlingen, and Regional Hospital in Brownsville. These two hospitals combined have over 5000 deliveries yearly. This screening process has proven to be an effective way of identifying infants with a congenital hearing loss that could impact their language development. Sister received the "Sounds of Texas Excellence Award" for her role in this project.

Sister continues to be a leader for nurses and all staff alike. She is truly a pioneer in public health nursing. For example, she has been instrumental in developing and designing the Willacy County Project, which is similar to the successful Bandera Pilot Project. Sister will initiate, oversee and evaluate the delivery of core Population-Based/Infrastructure services in Region 11. This project will mobilize community partnerships to identify and solve health problems. Locally devised solutions are more likely to resolve community problems than are solutions developed at remote regional, central or national offices. Sister has written a grant to assist in bringing this project to fruition and has written job descriptions and started hiring staff for the project.

Sister is a Nursing Leader in her public and professional life. She is an advocate for improving health care to the public and improving the skills and knowledge of all nurses. Her dedication to Public Health Nursing touches us all.

(This letter of nomination was accompanied by four other letters of support for the nomination.)

CONTINUING NURSING EDUCATION:

The Planning Process for Designing Continuing Nursing Education Activities

By Debra Joyce Edwards, BSN, MS, RNC, ONC

The planning process is the key to the success of any educational activity, both for the planners and the learners. Educational activities planned thoughtfully and deliberately are the best equipped to measurably impact nursing knowledge, skills, attitudes and practice. In turn, improving nursing practice positively affects health outcomes. Before examining the steps in the planning process the essential criteria below must be met in order for the Texas Department of Health to award contact hours under its accreditation as a provider of continuing education in nursing by the American Nurses Credentialing Center's Commission on Accreditation (ANCC CoA).

The accreditation of Texas Department of Health Public Health Nursing Continuing Education Service's (TDH PHN CE Service) specifies that planning committees must design every educational activity according to a planning process. Moreover, all planning committees must be facilitated by at least two nurses who possess the credentials, educational preparation and training to assume the responsibilities of their role. In addition, the best planning committees also include at minimum an expert in the content to be presented, an educator versed in curriculum design and presentation, a person who can represent the perspective of the potential target audience, a peer reviewer and an administrator.

The TDH PHN CE Service requires consultation with its nurse planners at the beginning of the planning process. Their role is designed to facilitate mastery of the process and criteria for designing continuing educational activities under our accreditation.

Planning Presenter-Driven Activities

Whether you want to design a presenter-driven activity for a target audience to attend at a specific time and place, or a self-study activity learners can use at their own pace, the following process

will guide your planning committee to develop an effective activity with measurable outcomes. We call presenter-driven activities Educational Design (ED) I, and self-study activities ED II. As you will see in the following discussion, there are some key differences in the planning process for an ED II activity. A brief discussion will cover ED II activity design will follow this section.

The planning process usually begins in response to needs, concerns, or issues that emerge relative to nursing practice, trends, or professional goals. As you begin the planning process, you must first determine the validity and nature of the need. At this stage you should begin to assemble your planning committee. One crucial question you must answer is,

“Does the issue stem from a gap in skills, knowledge, or attitudes, or a problematic administrative system?”

You can determine the nature of the need in ways as simple as discussing it with persons close to the issue, analyzing data, or reviewing the professional literature.

Once you have validated the educational need, your planning committee can begin to determine a learning outcome for your potential attendees. Well-designed educational activities can measurably impact participants' knowledge, skills or attitudes, therefore you should be able to set a measurable outcome for the activity. Measuring an outcome means evaluation by definition. Evaluation tools can measure a range of outcomes, from satisfaction at the most basic level, to learning, application and impact for lasting changes.

Your learning outcome guides you towards your ideal target audience, based on their ability to achieve the desired outcome. Once you determine the nurse is your ideal target audience, you should determine the characteris

An Outcome Oriented Planning Process

tics which define the nurse in the best position to achieve the learning outcome. Consider whether your target audience should include nurses who are experts or novices, front line staff or administrative, who work in a clinic, school corporate or hospital setting.

Based on the above information, the planning committee formulates the goal of the educational activity. The goal articulates how the activity will enhance the nurse's practice and advance the nurse toward achieving professional goals. Sometimes at this stage, planning committees discover their true intent is to assist the nurse in fulfilling assigned responsibilities according to employment expectations. However, by definition, such activities are considered in-service education rather than and continuing education in nursing. According to the Texas Board of Nurse Examiners,

“*continuing education in nursing consists of programs beyond the basic nursing preparation designed to improve, enrich and develop knowledge, skills and attitudes for the enhancement of nursing practice, thus improving health care to the public.*”

The planning committee must clearly state the goal of the educational activity, and utilize it as the overarching focus for the objectives, content, time frames, presenters, teaching strategies and evaluation of the educational activity.

With the overall purpose in mind, the committee and presenters can collaboratively determine some observable, measurable outcomes in the form of **learner-oriented objectives**. Learner-oriented objectives include **verbs** that describe observable actions that demonstrate the learner has achieved a change in knowledge, skills, or attitude upon completing the educational activity.

“*Always keep in mind that learner-oriented objectives must be expressed in measurable terms, identify observable actions, and specify one action or outcome per objective. If the word “and” appears in an objective, consider splitting it into two objectives.*”

Through dialogue and collaboration with presenters, the planning committee then devel-

ops **corresponding content** that explicitly supports each objective, like the answer to a question. Equally important, the presenter's timeframe must fit the amount and level of the content, as well as the teaching-learning strategies designed support the learner in answering the objective.

The presenter should utilize **teaching strategies** congruent with the objective and supporting content. One way to evaluate a teaching strategy is to examine the verb in the objective. For example, a learning objective that states the learner will successfully demonstrate a psychomotor skill should include opportunities for both demonstration and return demonstration. An objective that requires a learner to describe a phenomenon would include teaching strategies such as lecture and discussion. In addition, effective presentations utilize a variety of instructional methods (e.g., lecture, group activities). Crucial to the success of all presentations and instructional activities, the principles of adult learning should be evident in the selected strategies. Some of those principles include:

- Adults need to know why they should learn something
- Adults have a deep need to be self-directed
- Adults become ready to learn when they experience a great need to know or do something...
- Adults enter into a learning experience with a task-centered, problem-centered or life-centered orientation to learning
- Adults want to apply tomorrow what they learn today, so the time perspective is one of immediate application.

More Tips to Remember

Expect your **presenters** to possess qualifications that demonstrate their expertise in the content. Evaluate such documentation of expertise as education, professional achievement, credentials, work experience, honors, awards and professional publications.

It is important for the planning committee to establish the criteria both for verifying atten

Outcome-oriented CNE, continued on page 15

PHNs on the Front Lines

Every issue of Texas PHN will feature projects and events conducted by public health nurses and their colleagues within the Texas public health regions. Whether your community is rural or urban, or you are part of a local health department, state public health region, community-based organization, hospital system, school district, or university-based system, we urge you to share your work in this column.

In 1999, the City of **Fort Worth Public Health Department**, Outreach Section took the first step towards implementing the "Congregational Health Promoter Program," a public health nursing partnership with the community. The Congregational Health Promoter (CHP) Program started in Atlanta, Georgia through the Carter Center's Interfaith Health Program. Designed to prepare lay volunteers from a variety of congregations to be "health promoters," participants learn to identify the health needs of their congregations and find appropriate resources to meet those needs.

Fort Worth's Outreach section sent two public health nurses (PHNs) to Atlanta for the Global Health Action's "Training for Transformation" to learn how to implement the project. The City of Fort Worth embraced this grassroots approach to reaching large populations since it empowers communities to identify and prioritize their own health needs. The PHNs now conduct the six training classes for potential CHPs. In partnership with the public health nurses, CHPs assist faith communities and other congregations to put words into action, building healthier neighborhoods and improving the general quality of life for families. Because a community's well-being depends on the health of the spirit, mind and body of all its members, the program is both interfaith and secular. In keeping with this philosophy, the PHNs and participants use a broad definition of "congregation."

A recent example of the importance of this program is the mobilization of CHPs after the March 28th tornado hit Fort Worth. The CHP network immediately went on-call for emer-

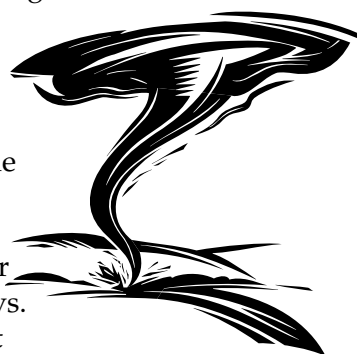
gency assistance. They participated in area-wide neighborhood needs assessments. The CHPs living in apartment complexes were instrumental in assisting helping displaced persons find temporary housing.

PHNs in the Outreach Section have helped to make healthy congregations a priority and a reality, closing many of the gaps between citizens and the resources they need. *For more information, contact Barbara Murph, RN, MSN (817) 871-6211.*

- A team of public health nurses and outreach workers from the City of **Fort Worth's Public Health Department's** Outreach Section went straight to the front lines when a tornado hit the city on March 28th, ravaging the downtown area, surrounding neighborhoods and nearby Arlington. As a vital part of the city's disaster response system, the outreach team worked in shifts around the clock for the next several days. Acting on their first priority to relocate over 250 elderly residents from a damaged high-rise building, nurses and emergency medical personnel faced the challenge of moving persons with disabilities, mental health conditions and complex medical conditions from a damaged facility to the safety of a hospital. Once the residents were safely moved, the team spent the next days providing 24-hour care in shelters for families displaced from their homes. The team also carried systematic needs assessments throughout the affected neighborhoods as part of their disaster response strategy.

For more information contact Rowena Wooters, RN, Outreach Coordinator, (817) 871-6211.

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PHNs on the Front Lines

The **Tarrant County Public Health Department** Nursing Immunization Outreach Team provided tetanus boosters for clean-up crews and victims following the March 28th tornado in Fort Worth and Arlington.

In **Fort Worth**, public health nurses partnered with the Salvation Army emergency relief command station, located close to the areas most affected by the disaster. The public health nurses collaborated with the **Forth Worth Health Department**, the police, the emergency relief organization and the Red Cross in the effort.

In **Arlington** police escorted public health nurses to the communities hit by the tornado, where 400 citizens and workers were immunized for tetanus. Along with tetanus boosters, families were provided information and referrals to aide them in coping with their losses, injuries and damages. The public health nurses' knowledge, skills, and familiarity with community resources enabled them to help many families whose lives and homes were devastated. Anita Greenman, supervisor for Immunization Outreach stated "this was a great experience to be able to offer help to people in crisis. This is what public health is all about."

The Tarrant County Public Health Nursing Division will be part of a county debriefing along with elected officials, law enforcement and other department heads to review procedures, actions and roles to better prepare for future emergencies. *For more information, contact Glenda Thompson, RN, MSN, Associate Director, Community Health/Public Health Nursing (817) 871-7209.*

Jasper Newton County Public Health District played an active role in the April 2000 Public Health Week based on the theme "Texas Youth — Our Key to a Healthy Future." Two fifth grade classes at a local school participated in an educational program on staying healthy, presented by the health department. The students took the challenge to compete in a poster contest using information they learned from the presentation. First, second and third place poster contest winners were treated to "healthy" bananas splits,

and all posters were displayed at an Open House held at the Jasper office.

For the April 7 Open House at the Jasper Office, staff welcomed members of the community to visit, enjoy, and learn from the fifth grade students' posters. On a more serious note, another exhibit showed how Texas youth compare with the rest of the U.S. on such risk factors as tobacco, alcohol and drug abuse, and sexual behavior.

The Education and Outreach Department, staffed by one RN and two LVNs, provides several programs designed to impact the health and well-being of youth, including a teen pregnancy prevention program called "Baby Think it Over." A new program, "Safe Sitters," prepares 11-13 year-olds with the knowledge and skills to safely babysit younger children.

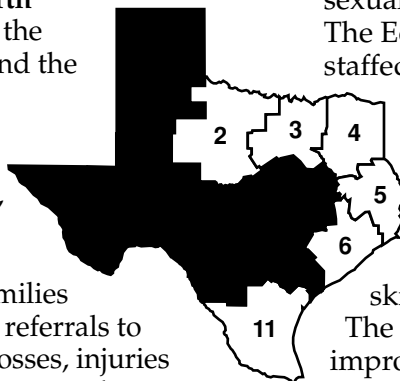
The department keeps an ongoing focus on improving the health status of area youth through educational and outreach activities.

For National Nurses Week, Jasper Newton County Public Health District will celebrate its nursing staff of ten RNs and ten LVNs, many of whose careers in public health span over 20 years. In honor of the Nurses Week, a local radio station will profile each nurse on the radio throughout the broadcast week. *For more information, contact Frances Simmons, RNC, Director of Nursing at (409) 384-5829.*

Houston Department of Health and Human Services will recognize their nurses for outstanding contributions during **National Nurses Week** with various activities. The kick-off of the celebration will commence with Funwalks, Cake Raffles, Who's the Nurse (baby pictures), Ice Cream Refreshers, Dressing in Nursing Attire for the 70's, and many more activities for nurses to take just a little time from their busy schedules to participate.

The highlight of the celebration will be a luncheon in the luxurious ballroom overlooking the Port of Houston Ship Channel at Brady's Landing, 8505 Cypress St. An inspiring program has been planned by a dedicated group of enthusiastic nurses spearheaded by Algia

PHNs on the Front Lines, continued next page



PHNs on the Front Lines

PHNs on the Front Lines, continued from page 14

Hickenbotham, RN,C, M.Ed., Linda Denson RN, MS, and Hazel Thorpe RN MS. The key-note speaker will be Lois Moore, RN,Ph.D., Director of Harris County Psychiatric Center of the University of Texas, previous CEO of the Harris County Hospital District for more than twenty years.

Nursing staff will be recognized for excellence in service, commitment to delivering quality care and special contributions to the public health community. Mary desVeignes Kendrick MD, MPH, Director of HDHHS will salute the nurses with a proclamation the Mayor. *For more information, contact Algia Hickenbotham, RN, Director of Nursing (713) 794-9381.*

Public Health Nurses in **Region 11** are participating in many collaborative projects with Community Partners. Our nurses function as true generalists who wear many hats. For the fourth year in a row, as members of the

Texas Perinatal Association (TPA), Region 11 PHNs are collaborating with Knapp Memorial Hospital, McAllen Medical Center, Mission Hospital, and the March of Dimes to host the Annual Texas Perinatal Conference. This conference will provide valuable continuing education for the region's nursing staff and the perinatal community. The next TPA conference will be held at the Holiday Inn Civic Center in **McAllen** on October 13, 2000.

The region is also developing a local health services delivery model in **Willacy County**. This program will be patterned after the Bandera Project. Together regional staff and members of the community have established a county advisory board of health which started meeting in March, 2000.

Also, Public Health Region 11 will again conduct *Operation Lone Star* at the end of July and first week of August. This will be a collaborative effort between the Region, Army, Navy and Marine Reserves, National Guard and the **Hidalgo County** Health Department. Free dental and medical care to residents of identified *colonias* in the Rio Grande Valley will be targeted. *For information, contact Sr. Mary Nicholas Vincelli, RN, Director of Nursing (956) 444-3270.* ♠PHN

Awards, Continued from page 8

University Health Science Center's Graduate Nursing Family Nurse Practitioner (FNP) Program, exemplifies innovation and commitment to this ideal. The program places students in their home communities to conduct needs assessments and plan, implement, and evaluate a community health project over a two semester process. Students must present their findings to the community, and submit their work for publication in professional journals. The program provides students the experience of implementing and supporting the ten essential public health services, ultimately serving their communities through a combination of public health and primary care.

Conference Top 3 Abstracts

Research and the quest for innovative solutions are vital for public health nurses committed to transforming communities. Likewise, a commitment to sharing that knowledge is vital to the transformation of public health nursing .

The Top 3 Abstract Award recognizes those nurses who answered that commitment by submitting a program abstract for the 2000 Nursing Leadership Conference. The three programs offered clear and focused abstracts of innovative nurse directed projects designed to improve a population's health outcomes. This year's Conference Top Three Abstract Award recipients (in alphabetical order) are: "*Cultivating Community Partnerships in a Nurse Managed Clinic*" submitted by M. Fran Skeels, RN, MSN, MSHP, CS; Cindy Stinson, MSN, RNC, CNS; Donna Wilsker, RN, BSN, MSN; and Kathy Roberts, RN, BSN, MSN of Lamar University Department of Nursing. "*Moving the Classroom Back Into the Community*" submitted by Susan Pollock, PhD, RN, FAAN of Texas Tech University. "*Trifold Partnership for the Purpose of Education on Medication Adherence*" submitted by Kathy Badten, RN, BSN of the Tarrant County Public Health Department. ♠PHN

dance and successful completion of the educational activity.

If you design and utilize your evaluation tool well, it can provide valuable information. Many evaluation tools rely on satisfaction as an outcome measure, however we challenge you to raise the bar. Seek to measure learning, application and impact with each of your educational activities. As a final step in your evaluation process, reconvene your planning committee after the activity to debrief, recommend changes or determine whether to educational activity.

What's Different for ED II Activities?

When designing the ED II educational activity remember that the design is learner-driven, therefore, the committee looks at the content and teaching strategies a little differently. Your content expert becomes crucial to the planning committee in anticipating learner's needs and resources necessary for completing the activity in relative isolation.

A variety of ED II learning activities and resources exist, including audio or videotapes, publications, the internet, and computer programs. Using our previous objectives for the ED I activity, how would your learner successfully perform a psychomotor skill, like applying an ace bandage to an ankle? For starters, your

learner might watch a video demonstration of the skill, then using an ace bandage you provide, practice on another person. If the learner must describe a phenomenon, she could write the description in a workbook or use a computer module. As with ED I activities, you must incorporate the principles of adult learning in your activity.

There is a key difference with ED II activities: You must conduct a pilot study before the activity can offer continuing education contact hours. The pilot study determines the effectiveness your design and teaching materials. In addition, the amount of time your pilot participants take to complete the activity determines the number of contact hours. Individuals selected for the pilot study should reflect the characteristics of the target audience.

The planning process for an educational activity provides planning committees a framework for designing educational activities for nurses. The collaborative nature of the planning process between nurse planners, planning committees and presenters assures educational activities develop from an identified need into participant-focused activities with measurable outcomes. The framework provides universal curriculum design principles for educational activities planned, implemented and evaluated in accordance with TDH PHN CE Service policies and procedures and ANCC criteria.

✶PHN

The Tenets of Public Health Nursing

From the Scope and Standards of Public Health Nursing Practice, The American Nurses Association, 1999

1. Population-based assessment, policy development, and assurance processes are systematic and comprehensive.
2. All processes must include partnering with representatives of the people.
3. Primary prevention is given priority.
4. Intervention strategies are selected to create healthy environmental, social, and economic conditions in which people can thrive.
5. Public health nursing practice includes an obligation to actively reach out to all who might benefit from an intervention or service.
6. The dominant concern and obligation is for the greater good of all of the people or the population as a whole.
7. Stewardship and allocation of resources supports the maximum population health benefit gain.
8. The health of the people is most effectively promoted and protected through collaboration with members of other professions and organizations.

This final version of the Tenets of Public Health Nursing supercedes the draft version published in the January 2000 issue of Texas PHN.

QUALITY ASSURANCE: A Natural Ethic for Nursing

"Public health nursing is distinguished from other nursing specialties through its adherence to all eight tenets of public health nursing, with the overall goal of promoting and protecting the health of the entire population by creating conditions where people can be healthy."

—The American Nurses Association Scope and Standards of Public Health Nursing Practice (1999).

By Hilda Mikan, RN, BSN

The ethic of caring guides the practice of public health nurses, and sets them apart. Through the eight Tenets of Public Health Nursing (see page 15), they promote conditions to assure the population's health and safety. Activities are carried out based on the core functions and essential services of public health. As the transition in public health continues from direct preventive care to population-based services, quality assurance (QA) plays an increasingly important role in implementing the three core public health functions: Assessment, assurance, and policy development. An inherently flexible process, QA involves the assessment of both population and client-based services, resulting in policy development to assure all services meet the standards of practice. Whether called Continuous Quality Improvement (CQI), Total Quality Management (TQM) or any other buzzword, the concept is the same: Quality assurance is a comprehensive process vital to population services.

What is Quality Assurance?

The Quality Assurance approach will come as no surprise to professional nurses. Like the nursing process, QA systematically identifies, evaluates, resolves and monitors actual or potential problems in services. By ensuring quality services are both possible and present, QA provides a way to measure outcomes based on the ethical application of the standards of good practice.

As both an internal and external ongoing process, QA evaluates many different aspects of service delivery. Not limited to record reviews or outcome tracking, QA determines the accuracy and appropriateness of interventions as well as compliance with policies and standards. External QA processes are conducted by an

outside agency, often a source of funding for the organization delivering services. By contrast, internal QA involves a self-evaluation process. Also known as **quality improvement (QI)**, internal self-evaluation helps the organization track the effectiveness of its own processes and outcomes. Such self-evaluation helps an organization identify service gaps and anticipate liability risks.

The QA process evaluates an organization's structure, process and outcomes. **Structurally**, QA evaluates the conditions under which services are delivered. These conditions may include the environment, facilities, staffing mix and number, and appointment systems. **Process** evaluation examines the activities of service providers through observation and record review. **Outcome** evaluation focuses on the impact of the services provided and may include tracking agency-identified outcomes.

Seven Steps To QI

An agency's quality improvement plan establishes a strategy for ongoing self-evaluation, a process critical to the agency's success with health outcomes as well as risk management. In order to develop a QI program, an agency must take seven important steps and answer the following questions:

Step 1 - Identify the purpose and function of the agency.

What is the agency's mission statement? Does the agency have an organizational chart? What federal and state rules, regulations and requirements govern the agency's activities? What value and priority does the agency place on quality improvement activities? What resources will be allocated?

Step 2 - Define the purpose of the quality improvement program.

What needs to be accomplished by the QI program? What outcomes will it evaluate? What standards, policies and procedures will it use?

Step 3 - Identify the quality improvement goal and objectives.

What are the goals for the QI program? How will it achieve those goals and resolve quality problems? How will it demonstrate compliance with the appropriate federal and state rules, regulations and requirements?

Step 4 - Identify the scope of the quality improvement program.

Will the QI program cover all services? Does it assess direct care or population services as delivered by staff? Will the findings of the quality improvement process be used in evaluating staff? How else will the agency use the findings? If providing direct care services, will the agency review client care entries in records, clinical performance, patient satisfaction, appropriate treatments, and/or medication usage?

Step 5 - Define the accountability and authority for the quality improvement program.

Who has the authority to mandate the quality improvement program? Are there federal and state regulations, rules and requirements on accountability for services? Who has the authority to resolve problems in services? Who is ultimately responsible for the quality of the services?

Step 6 - Identify the type and frequency of quality improvement reports.

Are there federal, state or other rules, regulations and requirements for specific reports? Will the reports summarize the quality improvement activities within the entire agency? Are reports necessary for documentation of quality improvement activities? How frequently are these reports needed?

Step 7 - Define the annual review process to assure the effectiveness of the QI program.

What impact will the annual review have on future quality improvement activities? How

will the review identify areas needing improvement? Who acts on the outcome of the review?

The answers to these questions serve as guidelines in the development of a QI program, specifically in the creation of a comprehensive QI Plan.

Linking the Plan to Organizational Success

In some cases, agencies can fall into the trap of implementing separate QI processes for specialized activities. Developing a plan will challenge an organization to determine cost-effective and efficient strategies for conducting self-evaluations through coordinated, cross-disciplinary and cross-functional teamwork. The plan should clearly identify key components necessary to evaluate services, staff, and systems according to clinical and program standards. For every plan component, the agency needs to set criteria for measuring the quality of the services provided.

The following sample QI plan (see page 18) developed by **La Nueva Clinica**, provides a comprehensive outline of self-evaluation responsibilities and activities, including all the key components discussed in the **Seven Steps to QI**.

Even more critical than the development of the plan is the implementation of the activities on an ongoing basis. In the process of monitoring agencies across Texas, the Texas Department of Health Quality Assurance Division has noted some organizations stand out for implementing effective and comprehensive QI programs. The following agencies demonstrate a commitment to the ethic of QI on a daily basis through ongoing self-evaluation systems: **Bell County Health Department, Houston Health & Human Services Department, San Antonio Metropolitan Health District, and Uvalde Memorial Hospital**. Through careful development and a commitment to implementation of a comprehensive quality improvement program, this list will continue to grow.

Do you have questions about the quality assurance process? Please contact Hilda Mikan, RN, BSN, Director of the Texas Department of Health's Quality Assurance Monitoring Division at (512) 458-7771 or hilda.mikan@tdh.state.tx.us. Mikan has been conducting QA activities for over 20 years, and was responsible for implementing a statewide comprehensive QA program through TDH.

LA NUEVA CLINICA QUALITY IMPROVEMENT PLAN

Mission

The mission of La Nueva Clinica quality improvement program is to ensure quality services to all who enter our clinic and ensure the care is provided with dignity and cultural awareness.

Quality Improvement Committee

The membership of the Quality Improvement Committee is as follows:

Medical Director	Case Management representative	Facility management
Director of Nursing	Billing/eligibility supervisor	Laboratory representative
Agency Administrator	Records administrator	Pharmacist
WIC Director	Risk Management coordinator	

The purpose of the Quality Improvement Committee is to serve as an oversight body to ensure that quality services are provided in the most cost effective, efficient, standardized manner and minimize the agency's liability risk. The Quality Improvement Committee will meet on a quarterly basis and more often if needed. The Quality Improvement Committee meetings will be every first Tuesday of the month in that quarter.

The responsibilities of the Quality Improvement Committee members are as follows:

1) Medical Director- The Medical Director is a member of the committee and reviews all clinical issues with regards to licensed staff. He is responsible for reporting on physician peer review issues and record issues with regards to midlevel providers. He is also responsible to ensure that all protocols and standing delegation orders are up to date and signed.

2) Director of Nurses- The Director of Nurses has the responsibility of coordinating and setting the QI Committee meetings and developing the agenda for the meetings. She is responsible for reviewing the findings of the clinical supervisors with regards to record reviews and observations of staff/client interactions. She is responsible to oversee the credentialing process and report on these areas. She ensures corrective actions are identified for any findings and brings to the committee issues which are not being resolved to obtain advise but also routinely reports on the clinic's QI activities.

3) Agency Administrator- The agency administrator's role is to attend the meetings and become aware of issues that may impact any funding needed, issues which require his interactions, and ensure that administrative issues are resolved. He is responsible for assigning staff to areas where resolution of administrative issues has not occurred. He is also responsible to ensure that administrative policies are updated and signed.

4) WIC Director- The WIC Director is responsible to report on WIC QI activities and issues that relate to WIC services. She has oversight of the personnel who are conducting ongoing reviews (self-audits) and reports on issues corrected and issues that are not corrected. The Director is responsible to ensure that corrective actions are identified and followed up.

5) Records Administrator- The records administrator will report on issues regarding records, problems that are occurring with records, changes to records that may affect providers, etc. She is also responsible to ensure that record policies are up to date. She is responsible for ensuring that problems with records are identified and corrected.

6) Pharmacist- The pharmacist represents the pharmacies and ensures that the pharmacies are monitored according to their license. He should identify any pharmacy issues that may impact the way care is provided. He is to ensure the license is current and that all documentation to pharmacy monitoring is up to date.

Process by which findings will be identified

All areas of the agency will conduct self-evaluation activities. Those activities will consist of the following activities:

1) Ten percent of the records will be reviewed on a quarterly basis. The records will be those for that quarter. A tool that identifies the criteria (see attached) will be utilized to identify compliance. This will be for all records including eligibility records. Thresholds have been added to ensure that those are met. Different staff in the clinics have been assigned this task. Please note the list.

2) Observation of staff/client interactions will be conducted annually of all staff providing services. This will include observation by supervisors and will be done at the time of their annual performance review. A specific tool will be used which is applicable to the level and duties of the person being evaluated and which identifies the standards that are to be met.

3) Facility review will be conducted annually to ensure that all requirements are met. A specific tool will be utilized which identifies all the standards components that must be met.

4) Policies, procedures, protocols and standing delegation orders will be reviewed on an annual basis or more often as needed. These will be signed and dated by the appropriate authority as well as staff as required.

Areas requiring monitoring

The attached sheet indicates the areas that require monitoring, the frequency and the person (s) responsible for monitoring those areas. The timeline is used to ensure that no areas are missed.

Corrective Actions

All reviews that identify findings will have an identified corrective action by the person identified to conduct the reviews. The corrective action should have been identified with staff who are responsible to ensure that it is implemented. If the corrective action identified is training or staff development, then this will be forwarded to the supervisor with a request to have the employee attend training.

Follow-up required

The reviews should identify follow-up that will be done to evaluate whether the corrective actions were effective in correcting the problems or identified findings. This is to be identified by each person who is responsible for conducting a review.

Adverse Outcomes procedures

As part of the Quality Improvement process, any adverse outcomes identified on the attached list will be documented on the attached adverse outcome sheet. The incident should be clearly described, the persons involved should be identified and any other information needed should also be documented. The report should be submitted to the Risk Management section for their review and follow-up.

Outcome Measures and Tracking

Outcome measures have been identified by the agency. Outcomes will be monitored quarterly through record reviews by those individuals conducting the record reviews. The enclosed form will be used to monitor the indicators. Outcomes will be reported to the Quality Improvement Committee on an annual basis. Client satisfaction surveys will be also be conducted every 6 months. The surveys will be conducted during a week's period every six months and every clinic will participate. All clients will be offered the opportunity to fill a satisfaction survey. Survey results will be analyzed and the results will be provided to the agency's administrator for review. Any surveys that identify a concern will be forwarded to the administrator as well. These survey results will be presented to the Quality Improvement Committee during the next quarterly meeting.



Distance Learning: Ideas versus Technology

by Jay Todd

Distance learning. What do those words mean to you? As we saw in the first part of this series, there are eight underlying assumptions that must be accepted to create quality distance learning activities. These assumptions challenge some educators' hopes that distance learning is a quick and inexpensive alternative to traditional teaching when faced with shrinking travel dollars. To fully understand the strengths and limitations of distance education these assumptions need to be fully examined. In this issue, we focus on the first four.

Nothing replaces the live instructor in the classroom. Distance learning is second best.

At face value, this first assumption often makes many potential distance educators change their mind. If distance technology is second best why use it? Second best doesn't mean second rate. Distance education courses can still achieve the level of quality that is achieved in a live setting. The element these course often lack is the interaction that a live instructor affords, especially in terms of the ability to answer questions from students.

So how do we get around this potential drawback? Two key strategies come to mind: piloting and building an interaction component into the course. Taking the extra time to pilot the course with a small group of potential attendees allows you to focus in on those areas where questions will arise. Feedback from this group can help you fine-tune your program to provide answers within the course. Building an interaction component into your course can add that missing individual focus. Whether the interaction is in the form of written updates, a list-serv for questions, or conference calls, the student gains from the instructor input even though the instructor is not visible.

Traditional courses cannot merely be transported to a distance learning environment.

A major pitfall the novice distance educator needs to avoid is the assumption that they can

send a video of a live course and handouts to a student and the student will achieve the same level of learning. Courses must be modified to take advantage of the visual and interactive capabilities of the delivery technologies - audio, video, internet, world wide web, or print.

This doesn't mean that the educator has to abandon the previous course. The success of the live course should be the basis for the distance education, and may serve as your content source. The essentials of curriculum design, however, must be started anew if you are committed to developing courses with measurable outcomes. You need to start at the beginning and develop achievable and measurable objectives that reflect the benefits and limitations of the technology. Rather than ask a web class participant to perform a head to toe physical assessment, you might instead re-tailor the objective to have the participant critique the assessment notes from a case scenario. This new objective then serves as the basis for the rest of your course design.

Information dumping is not distance learning.

Information dumping is not unique to distance learning. There are two main reasons that this dumping occurs within the distance learning environment: lack of an educational need and overcompensation.

The basis for any educational activity should always be an identified need. As with any program, ask yourself whether you have a true need or if you are merely trying to communicate new policy information. How many times, though, have you attended a "class" only to have the instructor read his/her notes to you word for word? The same information could have easily been distributed with an inter-office memo, or detailed packet. The only benefit that the PHN learner gains from this type of face to face instruction is, as noted earlier, the ability to answer questions. One quick test to see if you should incorporate distance learning technology is to look at your educational design. What is the added value of providing the course? If your participants are going to be viewing solely a talking head, then chances are you may easily become guilty of information dumping. Overcompensation is the second pitfall that can lead to information dumping. As mentioned, distance learning courses often lack the interac

Distance Learning, continued next page

tion of live courses. Rather than pilot the course or build interaction components into the course, some instructors attempt to provide students with every source and possible scenario for a case. What this achieves is an overwhelmed attendee, unsure of what points were the most important. Just as with face-to-face teaching, the instructor needs to prioritize.

Present only the most vital information to help your students reach the stated objectives. If you still feel the need to compensate with additional information, consider providing a course supplement.

Students never learn from the technology of distance learning. Technology is the servant. Teachers and their messages are the master.

Technological wonderment can be a pitfall for distance learning. The visual appeal and

technological possibilities can “wow” us and drive our choices, rather than the course objectives. Before choosing a technology ask yourself these questions:

- Why are we using distance technology?
- Does this technology help us achieve that goal?
- Is there an alternative means of teaching the course that can achieve the same impact?
- What benefit does one technology offer over the other?

In answering these questions, if your answers are driven solely by the visual appeal you may have left your true purpose behind. There is nothing wrong with adding the “wow” factor to your course - but always make sure that you are adding it to an educationally and fiscally responsible course.

“Kids” Drive Statewide Initiative

Jere Rolf Brewer, RN

Take Time for Kids is the name — and the aim — of a child health and safety program implemented through the Child Wellness Division of the TDH Bureau of Children’s Health. A public-private partnership of child advocates, state agencies and businesses, *Take Time for Kids* engages the public in education and community resource development for the parents, extended families and other caregivers of children up to the age of four. The program supports the efforts of communities to maximize the health and safety of young children.

Data shows rising injury rates among children, low immunization rates and decreasing well child health care visits. *Take Time for Kids* makes the health and safety of children a priority. The education of child care providers enhances their knowledge of child development, nutrition, health, safety and communication. Ultimately, this strategy works towards improving children’s health, reducing intentional and unintentional injury rates, improving school readiness, and increasing coordination and collaboration among providers who work with children and families.

Take Time for Kids, in partnership with the Texas A&M Extension Service, currently pro-

vides train-the-trainer parent education workshops. Over 300 professionals have been trained to increase parent education through one-day workshops on child development, nutrition, communication with children, health and safety and facilitating adult learning. Numerous handouts assist participants with implementing community parent education activities.

The program works with community groups across the state to bring *Take Time for Kids* to the local level. Grant funding supports *Take Time for Kids* coalitions in Ft.Worth, Abilene, Albany, Dallas, Houston, Valley, El Paso, Longview, Paris, Georgetown, and Corpus Christi. The coalitions address methods of increasing parent education and resources to promote preventive health care.

Media materials are offered to communities free of charge and are produced in English and Spanish. Visit *Take Time for Kids* web site at <http://www.tdh.state.tx.us/ttfk/takehome.htm> to view the materials.

For more information about *Take Time for Kids* contact program manager Jere Brewer, RN, at (512) 458-7111 extension. 2133 or Andrea Smith at extension 3088.

Nursing Leadership Council: A Call to Leadership

Pat Collins, MSN, RN

The December 1999 meeting of the Nursing Leadership Council (NLC) ushered in significant changes for the year 2000. As part of an initiative to build upon the knowledge and experience base of NLC, a motion to extend full membership and voting privileges to nurse leaders from local public health departments passed by a unanimous vote. Originally established by Texas Department of Health's statewide nursing leadership, NLC has always included local nurse leaders as associate members. The NLC urges all eligible or interested nurses from local and state public health, academia and other practice settings to attend the meetings and consider applying for membership.

Upcoming Nursing Leadership Council meetings will occur July 19 - 21, 2000 and December 6-8, 2000 in Austin at a location to be announced. These dates reflect a change from the traditional quarterly schedule, due to the statewide travel considerations of many NLC members. During the July meeting, we will discuss travel projections for FY 2001, and determine alternative meeting strategies if necessary.

In both July and December, NLC members will examine some issues that will likely impact public health and public health nursing during the 77th Texas Legislative Session in 2001. These issues may include implementation of rules on bloodborne pathogens and needle-protective devices, a statewide immunization initiative, and multistate licensure. In keeping with NLC's role as a strong advocate for preventive children's health services, we will continue to assess the status of the Children's Health Insurance Plan (CHIP) and Texas Healthy Kids. Finally, NLC will examine the implications of a generalist public health core as a new model for delivering population-based services throughout Texas. As always, NLC remains a forum for providing updates and information on issues relevant to public health nursing.

In the ongoing tradition of NLC, every December members elect new officers to certain positions on the executive committee, while other officers ascend from their previous "elect" positions. On behalf of NLC, I am grateful for

the leadership and vision of 1999 Chair, Linda Linville, who has been instrumental as a co-founder and charter member of the organization. In addition, I want to thank outgoing 1999 officers Anita Freeman, Terri Shoffner and Sandra Jones for their dedication, and look forward to their continued participation this year. To learn about NLC, I urge you to mark your calendar and make plans now to attend the meetings in July and December. For more information, please contact me at (254) 778-6744 or by email at pat.collins@tdh.state.tx.us.

2000 NLC Executive Committee

Chair

Pat Collins, MSN, RN. Assistant Director of Nursing, Texas Department of Health, Region 7, Temple.

Chair-Elect

Penny Finuf, MSN, RN, CS. Nurse Consultant, Community & Worksite Wellness Program, Texas Department of Health, Austin.

Vice Chair

Sharon Flournoy, RN, BSN, MSN. Director of Nursing, Texas Department of Health, Region 4/5N, Tyler.

Secretary

Lisa Dover, RN, BSN. Acting Division Director for Assessment Utilization Services, Texas Department of Health, Austin.

Secretary-Elect

Laura Greek, RN, MSN. Nurse Consultant, Public Health Nursing Section, Texas Department of Health, Austin.

Members at Large

Linda S. Moore, MS, RN, Director, HIV/STD Clinical Resources Division, Texas Department of Health, Austin.

Sandy O'Keefe, RN, MPH, Associate Regional Director for Community Health Development and Director of Nursing, Texas Department of Health Region 6/5S, Houston. ♡PHN

CNE Question Queue

Whether you are a novice to continuing nursing education activities or a seasoned expert, we invite you to challenge us by putting your CNE questions in the Queue! Send your questions to Debra Edwards by email at debra.edwards@tdh.state.tx.us or fax at (512) 458-7235.

Q: I've been invited to participate in pilot testing for a self-study (ED II) activity. May I receive contact hours for completing the pilot test?

A: No. Pilot testing plays a critical role in developing educational design (ED) II activities. ED II activities give learners an opportunity to use educational materials such as videotapes, workbooks or modules either independently or interactively, apart from a formal presentation. The pilot test serves two purposes: 1) to provide feedback to the planners about the effectiveness of the learning materials and resources, and 2) to help determine the number of contact hours. Therefore, the focus at the pilot stage is on the educational activity rather than the learner. After reviewing the feedback from the pilot phase, the planners modify the materials and determine the number of contact hours to be awarded. At this stage the learner becomes the focus, and pilot participants can complete the module for contact hours.

Q: What is distance learning? Is it considered an ED II activity?

A: Distance learning activities occur at a separate time or physical space from the learner. Some examples include teleconferences, home study courses, videos or activities provided over the Internet. Distance learning sometimes utilizes technology (the internet, satellite, or video conferencing) as a teaching tool. However, the technology is not an educational design. In determining whether an activity is actually ED I or ED II, planners should look at the overall

design and assess whether the activity is presenter-paced (ED I) or learner-paced (ED II).

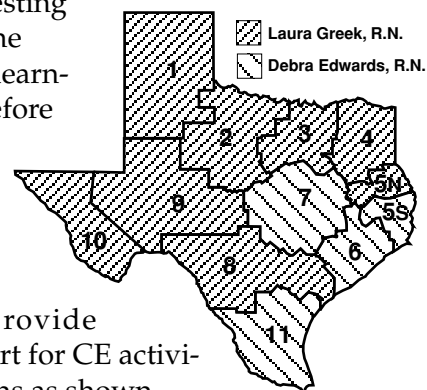
Q: Can presenters earn contact hours for a continuing educational activity they present?

A: No. According to the American Nurses Credentialing Center's Commission on Accreditation, continuing education contact hours can only be awarded for content that enhances nursing practice by enriching the learner's knowledge, skills and attitudes. Because of the presenter's mastery of the educational activity, more challenging content would be required in order to enhance her or his nursing practice. Just as higher education faculty do not receive semester credits for the courses they teach, continuing education presenters do not receive contact hours for their presentations.

Q: Can a live or satellite activity be videotaped for continuing education hours later?

A: Yes. You must determine, however, whether the activity will be presenter-driven (ED I) or learner-driven (ED II). If you intend it to be an ED I activity, a facilitator must be available during the viewing to answer learners' questions. If you intend learners to use the tape at their own pace, you must treat it as an ED II (learner-driven) activity. As with all ED II activities, you must develop the activity according to a process that includes pilot testing the video and the accompanying learning materials before awarding contact hours.

TDH PHN Service Nurse Consultants provide technical support for CE activities in the regions as shown.



The last word...

The Difference

As we close this issue in celebration of Public Health Nurses, take this quiz:

1. Name the ten wealthiest people in the world.
2. Name eight people who have won the Nobel or Pulitzer prize.
3. How about the last ten Academy Award winners for best picture?

How did you do? With the exception of trivia hounds, few of us remember the headliners of yesterday well, even the best achievements.

Here's another quiz. See how you do on this one:

1. Think of three people you enjoy spending time with.
2. Name ten people who have taught you something worthwhile.
3. Name five friends who have helped you in a difficult time.
4. List a few teachers who have aided your journey through school.
5. Name half-a-dozen heroes whose stories have inspired you.

Easier? Probably so.

The lesson? The people who make a difference are not the ones with the most awards, but the ones who care. Even as we strive for excellence in our practice, PHNs stand for what matters most--the ethic of caring.

Would someone you know like to get *Texas PHN*? Just clip and mail the information below and we'll send the next issue. You may also fax us at (512) 458-7235 or email the Editor, laura.greek@tdh.state.tx.us



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Public Health Nursing

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Texas PHN

In Your Next Issue...

Watch for your next issue of *Texas PHN* in September 2000. We invite you to submit articles and Letters to the Editor by **July 1, 2000**. See our *Guidelines for Submitting Articles* on page 2. Priority content topics for future issues include:

- Nursing Workforce Issues
- The 2001 Texas Legislative Session
- Population-focused and population-based nursing
- Technology, informatics, distance learning
- Research and evaluation projects
- Letters to the Editor
- PHNs on the Front Lines
- Calendar of Activities
- Resources for PHNs

Send us your comments...

What I liked most:

What I liked least:

My suggestions and other comments:

Name/Title (optional):

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